UNITED STATES HOUSE OF REPRESENTATIVES For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTES
Name: Joe Profit Daytime Telephone:	U.S. HOUSE OF REPRESENTATIVE
New Member of or Candidate for State: Georgia U.S. House of Representatives District: 04 Candidates - Date of Electron: 11/06/2018 Check if Amendment	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Penod Covered: January 1, 2017 Employing Office: Shared Principal Assistant to September 30, 2018:	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
 A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period? 	g the reporting Pes No
C. Did you or your spouse have "earned" income (e.g., salaries. honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No I
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting pence? Yes V No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	years? Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESI	TH OF THESE QUESTIONS
TRUSTS - Details regarding 'Qualified Blind Trusts' approved by the Committee on Ethics and certain other 'excepted trusts' need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	dave you excluded Yes No 🗹
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	et all three lests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Joe Profit

SP. EIF OC. Mega Copp Stock The Eventyers Smooth & Schuster ABC Hedge Fund X	For bank and other cash accounts, total the amount mall interest-bearing accounts if the local is over \$5,000, list severy financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property head for investment, provide a complete address or description e.g. Trental property, and a crity and state. For an ownership interest in a privately-head business that is not publicly fraded, state the name of the business. the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second thomes and vacation homes (unless there was rental income during the reporting period) and any financial income during the Thrift Savings Plen if you report a privately-traded fund that is an Excepted linvestment Fund please check the "Elift you so choose, you may indicate that an asset of dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, pickese refer to the instruction booklet.	BLOCK A Assets and/or Income Sources kenthy (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearmed" income during the year Provide complete names of stocks and mulual funds (do not use only sider symbols) For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds
Puphrine	Note	BLOCK B Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value please specify the method used only because if generated income, the value should be Thorie. **Column M is for assets held by your spouse or dependent child in which you have no interest.
X Partnership Income	Spoose DC Asset over \$1,000,000° NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Speally e.g., Partnership Income or Farm Income)	Type of income Type of income Type of income Lock all columns that apply. For eccounts that generate tax-deferred income (such as 401(k), IRA or 529 accounts) you may check the "Tax-Deferred" column. Dividends, Indexest, and capitals gains, even if the sales and capitals gains, even if the sales held in taxable accounts. Check the "None" if the asset generated no income during the reporting period.
X X X	\$50.007-\$1,000.000	Amount of Income Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column, assets indicate the calegory of income by checking the appropriate box below. Dividends, is capital pains, even if referreds, must be disclosed as income for assets held in taxable Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest. Current Year. Current Year.
×	\$5 901-\$15,000 \$ \$15,001-\$15,000 \$	Income of Income cc.C. you may check the "None" column. For all others appropriate box below. Dividends, inserest, and as income for assets held in taxable accounts, dent child in which you have no interest.

None	J 788		>	SCH
No. Spoul (Color See Now \$1 100 000" E	nc		BLOCK A Assets and/or Income Sources	1
DIVIDENDS RENT		\$1-\$1-000	BLOCK B	S & "UNEARNED INCOME"
\$201.\$1 000		DIVIDENDS RENT INTERES1 CAPITAL GAINS EXCEPTED BLINE TRUST TAX-DEFERRED Other Type of Income (Specify & g	BLOCK C Type of Income	
		\$11-\$200 = \$ \$201-\$1 000 = \$ \$1 001-\$2 500	BLOCK D Amount of Income	ofit Page

SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

			Stratelogic, Inc	Social Security	Unemployment GA DOL	Atlanta Cable Sales	Walmart	Cnd War Roundtable (Oct. 2) Ontario County Board of Education		Source (include date of receipt for honorana)	
			Salary	Socal Security	Unemployment	Salary	Spouse Salary	Spouse Speech Spouse Salary	Honoranum. Salary	Туре	•
			\$5,500	\$22,095			\$33,260	N/A	\$20,000	Current Year to Filing	An
				\$31,033	\$4,620	\$7,456	\$48,000	NIA NIA	\$500 \$76,000	Preceding Year	Amount

SCHEDULE D - LIABILITIES

Name: Joe Profit	
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liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (r.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting penod by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence. (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and

Date Liability Type of Liability Type
Credit Union O4/16 Auto Loan S500,0001 S50,000,0001 S5,000,0001 S5,000,0
Date Liability Incurred MOYR Value of Liability Type of Liability T
Auto Loan Auto Loan S10.001- \$15.000 \$15.001- \$50.001- \$100.000 X \$100.001- \$250,0001- \$500,0000 \$1,000,001- \$500,0000 \$1,000,0001- \$500,0000 \$1,000,0001- \$500,0000 \$500,0001- \$500,0000 \$500,0001- \$500,0001- \$500,0001- \$500,0000
\$10.001- \$15.000 \$15.001- \$50.000 \$50.001- \$100.000 \$50.001- \$100.000 \$250.000 \$250.001- \$500.000 \$1,000,000 \$1,000,000 \$1,000,000 \$5,000,0001- \$5,000,0001- \$5,000,0001- \$5,000,0001-
\$15.001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,001- \$500,000 \$1,000,000 \$1,000,000 \$1,000,000 \$5,000,001- \$5,000,000 \$1,000,0001- \$5,000,0001-
\$50,001- \$100,000
\$100,000 x \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,001- \$5,000,000 \$5,000,001-
\$250,000
\$5,000,001-
\$5,000,001-
\$5,000,001-
\$25.000,001- \$50,000,000
Over \$50,000,000

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting

Position	Name of Organization
President	Multi-Media Communications Group
Chairman	Youth United for Prosperity Foundation
President	Transition Focus Group, LLC
Chief Strategic Officer	Stratelogica, Inc

SCHEDULE F - AGREEMENTS

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identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government services continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
	None	

SCHEDULE J -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government and any more consequence of the second of the s	, and the second
Source (Name and City/State)	Brief Description of Duties
Example Doe Jones & Smith, Hometown, Homestate	Accounting Services
None	

FILER NOTES (Optional)

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FILER NOTES (Optional)

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							NOTE NUMBER
						None	
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